

# Physician Recruitment, Retention and Productivity

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# Overview

- Physician shortages
- Recruitment
- Retention
- Productivity

# We have trouble recruiting and retaining docs, is it just us?

- Most physician workforce research in last 5 years show worsening shortage
- The distribution of physicians per capita, in rural US about half of the 256 per 100,000 in the US as a whole
- This puts rural US comparative world ranking of per capita distribution between that of Panama (150) and Kuwait (156)
- Surveys of rural health organizations have consistently shown difficulty in recruiting physicians- No, its not just you

# Why the shortage?

- Population growth
- Less graduates (e.g. one additional medical school is CA in last 30 years despite almost doubling of the population)
- Aging population

# Tops reasons physicians leave

(rank order, Pinnacle Health Group)

- **1. Salary and benefits** (incl paid leave, sick leave, CME)
- **2. High Malpractice Premiums**
- **3. Underutilized Medical Skills** (sometimes feel overworked, too much busy work)
- **4. Lack of Autonomy/Appreciation** (e.g. lack of flexibility over schedule)
- **5. No Choice Due to Restructuring/Declining Practice**
- **6. Proximity of Work to Family**
- **7. Poor Relationships with Clinic Administration**
- **8. Poor Relationships with Medical Faculty/Colleagues**
- **9. Desires Another Climate**
- **10. Family Uncomfortable in the Community**

# Recruitment tips

(Adapted from NAS Recruitment)

- **1. Prepare for the Long-Term** (Consider type of physician to support the mission, especially important for medical director)
- **2. Be Competitive In Compensation**
- **3. Know Your Community Demographics** (tout the natural beauty of your locations, the uniqueness of the cultural experience, low cost of living)
- **4. Know the Psychographics of Targeted Groups** (tailor marketing to age and type of doc looking for, e.g. if interested in Generation X physician emphasize use of technology, emphasize flexibility in work environment)
- **5. Get Local Physician and Staff Support**
- **6. Focus on Retention** (costs average of \$30,000 per doc)
- **7. Out-Recruit the Competition**

# More recruitment/ retention factors

- Adequate clinical support
- Adequate administrative support
- Paid CME and reimbursement for other professional obligations
- Academic and other professional affiliations
- Increasing use of productivity and quality incentives (e.g. 10% of compensation package at Kaiser)

# Physician Compensation

- Average primary care physician salary offer in tribal and urban Indian health facilities in CA currently, \$132,000
- Average primary care physician salary in CA about \$150,000 (about 2/3 within 130-180k) in other health systems
- Board eligibility/board certified usually gets 10-15%/15-20% more, respectively, than non-residency trained
- Extra 5-15% for medical directorships



# Compensation (cont'd)

- Starting salaries about 80% of that of experienced physician
- Signing bonuses, or loan repayment options can be attractive for new graduates

# Recruitment sources

- IHS sources:
  - IHS Jobs Vacancy Database on website.  
Access by sending email to site contact
  - IHS Provider
  - IHS HQ Health Professions Staff – know of physicians coming out of long term training
  - Commissioned Corps medical officers

# Recruitment sources (cont'd)

- Trade newspapers
- Trade journals
- State or county medical society publications
- The usual

# Commissioned Corps physicians

- Government employee detailed through MOA to tribal facility. Initial term of the MOA is 2 years, extended by mutual agreement annually
- May be good option for particularly hard to fill locations
- Salary range generally \$130,000 to \$180,000 depending on experience

# Commissioned Corps physicians (cont'd)

- Possible advantages:
  - Competitively priced, esp junior officers (salary, benefits, CAO admin fee)
  - Often career minded, team players with public health orientation
  - Already credentialed through CC personnel system

# Commissioned Corps physicians (cont'd)

- Possible disadvantage
  - Possibility of short term deployment

# Productivity

- US average # of patients for primary care physician= 100 per week
- Some differences based on specialty, population, practice setting

# Relative value units (RVUs)

- Determinants:
  - Time required to perform procedure
  - Technical skill and effort
  - Mental skill and judgment
  - Psychological stress associated with risk of harm



# The IHS Encounter

- Analysis of the “typical” IHS encounter has suggested a higher RVU
- Thus, the average expected primary care physician productivity has been determined to be about 85 patients per week

# Summary

- Don't short change your medical staff (or your program)
- Sometimes "compensation package" more important than high base salary
- Its always better to keep a good employee than to try to find another one